

2. PARTIES

Plaintiff, Aaron West, resides at 2136 Aldrin Rd Apt 5A
(Street Address)
ocean NJ 07712, 9086019950
(City, State, ZIP Code) (Telephone Number)

If more than one plaintiff, provide the same information for each plaintiff below.

3. PREVIOUS LAWSUITS. Have you begun other lawsuits in the United States Court of Federal Claims? ☐ Yes ☐ No

If yes, please list cases: in the US tax court

4. STATEMENT OF THE CLAIM. State as briefly as possible the facts of your case. Describe how the United States is involved. You must state exactly what the United States did, or failed to do, that has caused you to initiate this legal action. Be as specific as possible and use additional paper as necessary.

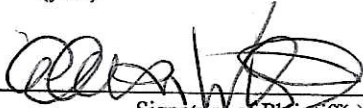
discrimination me how i talk under the ADA policy
i request for ADA accommodation alot of time on phone

5. **RELIEF.** Briefly state exactly what you want the court to do for you.

i want IRS update all my new 1040x and i want relief like moeny and i want all my refund back in 2021 they took my mony to pay
i already won im not own anything in NJ but IRS took it

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of 11, 22.
(day) (month) (year)



Signature of Plaintiff(s)